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| U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE | | | | APPLICATION TAKEN BY <i>(Initials)</i> | | DATE | | HOUR | |
| APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING | | | | | | | | | |
| NAME AND MAILING ADDRESS OF APPLICANT <i>(Include City, State, ZIP)</i> | | | | NAME AND MAILING ADDRESS OF RECEIVER OR BUYER <i>(Include City, State, ZIP)</i> | | | | | |
| Enter your E-Mail Address here: | | | | | | | | | |
| IF REQUESTED BY OTHER THAN APPLICANT, SPECIFY NAME OF PARTY | | | | CONTRACT OR ORDER NUMBER | | DATE AVAILABLE FOR SAMPLING/INSP. | | | |

NOTE: Mark an "X" in appropriate blocks

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| MAIL CERTIFICATE AND FEE BILL TO <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i> TYPE OF PRODUCT <input type="checkbox"/> CANNED <input type="checkbox"/> FROZEN <input type="checkbox"/> DRIED <input type="checkbox"/> DEHYDRATED <input type="checkbox"/> OTHER NAME OF PRODUCT TYPE OF CASE <input type="checkbox"/> NONE <input type="checkbox"/> DOMESTIC <input type="checkbox"/> OTHER <i>(Specify)</i> PRODUCT PREVIOUSLY GRADED <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes", give Certificate Number)</i> REPORT RESULTS IMMEDIATELY AFTER GRADING TO <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i> | DISTRIBUTION INSTRUCTIONS <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> EXPRESS GROUND MAIL <input type="checkbox"/> OTHER LOCATION OF PRODUCT (Name, Address, and Phone) CASE MARKS <i>(Specify in "Remarks" on reverse)</i> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPECIAL FIELD OFFICE WHERE GRADED QUALITY REQUIREMENTS OF RECEIVER ADDITIONAL REQUIREMENTS <i>(Check all that apply)</i> <input type="checkbox"/> Certificate of Date of Pack <i>(Federal or State Agencies)</i> <input type="checkbox"/> Condition of Container Examination <i>(Federal or State Agencies)</i> Attach Form AD-748 or 741 <input type="checkbox"/> USDA Contracts—Country of Origin Certification and Traceability Documents. <i>(Plant Survey and Food Defense System Survey required) or Plant Systems Audit</i> <input type="checkbox"/> SECTION 8e IMPORT PRODUCT INSPECTION: |
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| <input type="checkbox"/> "Officially Sampled" stamp on cases. Stamp this form when accomplished | | <input type="checkbox"/> Checkloading Required Date: _____ | |
| <input type="checkbox"/> Unofficial Sample Submitted by Applicant. See terms and signature request on reverse side of this form | | | |

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|------------------------|---------------|----------------|---------------------------|-------------------|--------------------|
| Importer of Record | Date of Entry | Port of Entry | Name of Vessel/Voyage No. | Customs Entry No. | Bill of Lading No. |
| Broker's Reference No. | FCE No. | Port of Export | Harmonized Tariff Code | Container No. | Country of Origin |

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|--|---------------|-----------------|------------|------------------|--------------------|-------------------|
| <input type="checkbox"/> EXPORT CERTIFICATE: | | | | | | |
| Port of Export | Port of Entry | Name of Vessel. | Voyage No. | Date of Freezing | Freezing Temp. °C. | Storage Temp. °C. |

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|---|--------------------------|------------------------------------|---|-------------|
| <input type="checkbox"/> OTHER: PLEASE SPECIFY IN REMARKS | | | | |
| LOT NO. | LOT SIZE AND DESCRIPTION | NO. AND TYPE OF CONTAINERS IN CASE | CODE MARKS IN LOT <input type="checkbox"/> EMBOSSED <input type="checkbox"/> INK STAMPED <input type="checkbox"/> INK JET <input type="checkbox"/> OTHER | NO. SAMPLES |
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|--|--|--|--|--|
| ADDITIONAL SAMPLE UNITS FOR: <input type="checkbox"/> ANALYTICAL <input type="checkbox"/> USDA REVIEW <input type="checkbox"/> MONTHLY REVIEW <input type="checkbox"/> OTHER _____ | | | | |
| REMARKS: | | | | |

THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described above.

| DATE | | ADDRESS OF SAMPLER OR FIELD OFFICE | | | | OFFICIAL SAMPLER PRINT AND SIGN NAME | | | | | |
|------|---------------|------------------------------------|----------------|-----------------|--------------------|--------------------------------------|-------------|-------------|----------------|------------------|-----------|
| DATE | DRIVING (HRS) | SAMPLING (HRS) | STAMPING (HRS) | CONDITION (HRS) | CHECKLOADING (HRS) | PRODUCT EXAM (HRS) | OTHER (HRS) | TOTAL HOURS | OVERTIME (HRS) | NIGHT DIFF (HRS) | INSP INT. |
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(OVER)

CERTIFICATE OF SAMPLING

THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described below.


| | | | |
|--|--|--|--|
| CONTRACT NUMBER | | PURCHASE ORDER NUMBER | |
| NAME AND MAILING ADDRESS OF APPLICANT <i>(Include City, State, Zip)</i> | | NAME AND LOCATION OF WAREHOUSE <i>(Include City and State)</i> | |
| PRODUCT | | SIZE AND KIND OF CONTAINERS | |
| TYPE OF CASE <i>(if cased)</i> <input type="checkbox"/> CORRUGATED <input type="checkbox"/> OTHER <input type="checkbox"/> Tray Pack | | NUMBER PER CASE | |
| CASE MARKINGS <i>(if any)</i> | | | |

| LOT NO. | NO. SAMPLES | CODE MARKS | | | | NO. CASES | LOCATION IN WAREHOUSE |
|---------|-------------|------------|-----------|---------|-------|-----------|-----------------------|
| | | EMBOSS | INK STAMP | INK JET | OTHER | | |
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REMARKS

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| DATE | OFFICIAL SAMPLER PRINT AND SIGN NAME | ADDRESS OF FIELD OFFICE/INSPECTION POINT |
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The undersigned applies for inspection of the processed food products described in this application in accordance with the regulations of the Secretary of Agriculture (7 CFR). To the best of my knowledge and belief, these containers are not from lots which have been previously inspected by the U.S. Department of Agriculture and are in no way the subject of controversy with any government agency.

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|--|------------------------|
|  NAME AND TITLE OF REQUESTOR | SIGNATURE OF REQUESTOR |
|--|------------------------|

Information in this application will be used in connection with performing an inspection on the product described in this application (7CFR 52). According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0234. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.